

**Suffolk County Sheriff's Dept
Inmate Disciplinary Report
for**

BENNETT-WERRA, JAMES - 1902435

Booked: 04/10/2019

Incident ID: 19-1023-921

Name: BENNETT-WERRA, JAMES

Report Date: 10/23/2019 **Incident Date:** 10/23/2019

Location: HOC- 1 04 2

Report Subject: FORMAL

Persons Involved: BENNETT-WERRA, JAMES

Charges:

Charge Description	Misconduct Type	Criminal Charge Code	Notes
1D/ Abusive or Threatening language	Formal		
3C/ Disruptive behavior	Formal		
7A/ Disobey order	Formal		
7C/ Insolence to staff	Formal		
11B/ obscene language, action, gest	Formal		
15/ Violation of rules	Formal		

Initial Report:

On 10/23/2019, while assigned on the 6:45 a.m. - 3:15 p.m. shift as building one supervisor, I Lieutenant N. De Pass, have the following to report.

At approximately 8:10 a.m., while conducting a tour and cell checks in unit 1-04-2, Inmate James Bennett-Werra #1902435 cell #08, was one of two Inmates currently out on their recreation period who were observed standing at separate cell doors talking to the locked in occupants. It is the policy within the segregation units that Inmates aren't allowed to converse at this close proximity to prohibit the flow/passing of any form of contraband.

Both Inmate were immediately ordered away from the area of their conversations, however Inmate Bennett-Werra took exception to my order and began to refer to me several times as "FUCKING ASSHOLE!!!" Inmate Bennett-Werra's insults towards me were very clear and disruptive.

As a result, Inmate Bennett-Werra was ordered to return to his cell at which time while compliantly being escorted to cell #08, stated, "I'M NOT A MAN, I'M A FEMALE, AND YOU SHOULD RECOGNIZE" while yelling several times "FUCKING ASSHOLE!!! Inmate Bennett-Werra further threatened to write a grievance against me. End of report.

Reporting Staff: _____

SIGNATURE

Reporting Staff:

PRINT (FIRST)

Position: LIEUTENANT

<input type="checkbox"/> INMATE REFUSED INFORMAL SANCTION				<input checked="" type="checkbox"/> FORMAL HEARING REQUESTED <input type="checkbox"/> REFER TO S.I.D.			
<input type="checkbox"/> Oral warning		<input type="checkbox"/> Written reprimand		<input type="checkbox"/> Inmate offered informal sanction		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (circle one)	
<input type="checkbox"/> Restricted movement 24 48 72 (circle one)		<input type="checkbox"/> Loss of visits for 72 hrs		<input type="checkbox"/> Susp. From detail 24 48 72 (circle one)		<input type="checkbox"/> Loss of canteen for 72 hrs	
<input type="checkbox"/> Loss of phone for 72 hrs		<input checked="" type="checkbox"/> Referred to Classification					
BEGIN:	AM	PM	ON				
END:	AM	PM	ON				
<hr/> INMATE SIGNATURE				<hr/> DATE			
							
				<hr/> Disciplinary Officer's Signature			

Suffolk County Sheriff's Department**DISCIPLINARY HEARING
FINDINGS AND SANCTIONS**Inmate Name: BENNETT-WERRA, JAMES

Incident #:

19-1023-921Booking #: 1902435**Disciplinary Charges**

Disciplinary Charge	Plea	Result	Comments on Findings
1D/ Abusive or Threatening	Not Guilty	Not Guilty	UNSUBSTANTIATED IN REPORTS.
3C/ Disruptive behavior	Not Guilty	Guilty	3 DAYS ISOLATION TIME TO SERVE.
7A/ Disobey order	Not Guilty	Not Guilty	UNSUBSTANTIATED IN REPORTS.
7C/ Insolence to staff	Not Guilty	Guilty	INCLUDED IN DISCIPLINE CHARGE 3C.
11B/ obscene language, ac	Not Guilty	Not Guilty	UNSUBSTANTIATED IN REPORTS.
15/ Violation of rules	Not Guilty	Guilty	INCLUDED IN DISCIPLINE CHARGE 3C.

Sanctions:

Written Reprimand: N Loss of Furlough: N Restitution: \$0.00

	# Days	Start Date	End Date		# Days	Start Date	End Date
Discipline Isolation:	3	10/29/2019	10/31/2019	Loss of Recreation:	0		
Restricted Movement:	0			Loss of Common Area:	0		
Extra Detail:	0			Loss of Visitation:	0		
				Loss of Commissary:	0		
				Loss of Programs:	0		

Custom Sanctions:**Statements of evidence relied upon to support finding(s):**

DISCIPLINE REPORT, INSTITUTIONAL VIDEO, DETAINEE STATEMENT.

Reason for sanction(s) and recommendation(s):

Incident Number: 191023921

Author: Centola, Richard

Incident Hearing Notes

Date Recorded: 10/25/2019 08:51

REASONS FOR SANCTIONS AND RECOMMENDATIONS;

1D * THE PREPONDERANCE OF THE EVIDENCE IN THIS INCIDENT DOES NOT SUPPORT A GUILTY FINDING OF ANY DISCIPLINE INFRACTIONS LISTED.

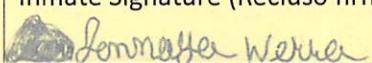
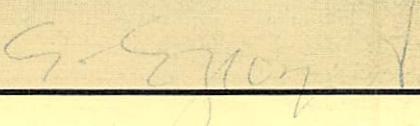
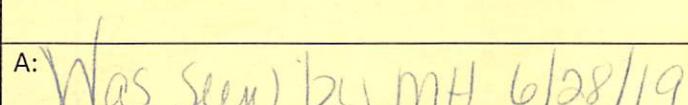
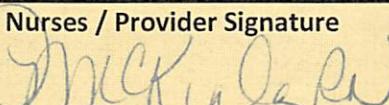
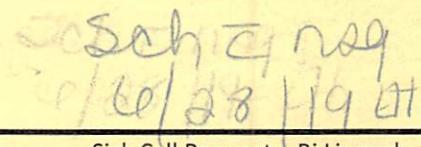
3C FOR CONDUCT THAT DISRUPTS OR INTERFERES WITH THE SAFETY, SECURITY OR THE ORDERLY RUNNING OF THE INSTITUTION OR UNIT.

7A * THE PREPONDERANCE OF THE EVIDENCE IN THIS INCIDENT DOES NOT SUPPORT A GUILTY FINDING OF ANY DISCIPLINE INFRACTIONS LISTED.

7C INCLUDED IN DISCIPLINE CHARGE 3C.

11B * THE PREPONDERANCE OF THE EVIDENCE IN THIS INCIDENT DOES NOT SUPPORT A GUILTY FINDING OF ANY DISCIPLINE INFRACTIONS LISTED.

15 INCLUDED IN DISCIPLINE CHARGE 3C.

NAPHCARE MEDICAL DEPARTMENT SICK CALL REQUEST-MANAGED BY TECHCARE				Date and Time Received	Received By
Name (Nombre)	Date of Birth (Fecha de Nacimiento)	Location/Unit (Posicion/Unidad)	Inmate Number (Recluso número)	Today's Date (Edad)	
James Bennett-Werner	8-22-97	1-8-2	1902435	6-27-19	
Complaint (Enfermedad)					
<p>I have been depressed depressed and have really bad Anxiety</p> <p>Revolving around my gender dysphoria because I'm not given ways to remove body hair Affective ways to remove body hair. I would like to be given the opportunity to see an electrodiss</p> <p>or be better accommodated with this issue</p>					
Inmate Signature (Recluso firma)					
 James Bennett-Werner					
TRIAGE		Action	<input type="checkbox"/> Refer to Provider – Sick Call; <input type="checkbox"/> Refer to MH – Sick Call; <input type="checkbox"/> Refer to MH – Chart Review Taken <input type="checkbox"/> Refer to Medical Records; <input type="checkbox"/> Refer to OB/GYN; <input type="checkbox"/> Refer to Dental <input type="checkbox"/> Refer to Optometry; <input type="checkbox"/> Nursing Protocol Initiated <input checked="" type="checkbox"/> Other: COPY TO M.H. ET 6/28		
Face to Face Date		Face to Face Time	Staff Signature		
6/27/19		8:41 AM	 9-27-19		
Nursing S:					
Denies ST/HI					
O:	Temp	Pulse	Resp	O2 Sat	B/P
 A: Was seen by MH 6/28/19 Not medically indicated.					
P:					
E:					
Nurses / Provider Signature			Date Completed	Time Completed	
			6/29/19	1624	
For Jail Use Only					
					

NAPHCARE MEDICAL DEPARTMENT
Sick Call Request-Managed by TechCareSTAMP DATE
RECEIVED
7-1-19

Name: (Nombre)	Date of birth: (Fecha de Nacimiento)	Location/Unit of cover: (Lugar/Unidad)	Inmate Number: (Número de Preso)	Date: (Fecha)
James Bennett-Werra	8-22-97	1-8-2	1902435	6-29-19
<p>Complaint: (Queja)</p> <p>Regarding my med slip filed on 6-27-19 about being better accommodated with gender dysphoria. I would like to be given the chance to see an electrolyst to remove body hair as part of treating my gender dysphoria. It is medically indicated its part of treating people.</p> <p>Inmate Signature: (Firma de Preso) medically with gender dysphoria. Also I was seen on the 28th for something completely different and when I brought this up he told me to file a sick call slip.</p> <p>James Bennett Werra</p>				
<p>DATE RECEIVED 6/30/19 NURSES SIGNATURE <i>James Bennett Werra</i></p> <p>ACTION TAKEN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refer to OB/GYN <input type="checkbox"/> Refer to Medical - Sick Call <input type="checkbox"/> Refer to Medical - Chart Review <input type="checkbox"/> Refer to Psych - Sick Call <input type="checkbox"/> Refer to Psych - Chart Review <input type="checkbox"/> Refer to Dental <input type="checkbox"/> Refer to LPN/RN Sick Call with Protocol <input type="checkbox"/> Immediate Care <input type="checkbox"/> Health Dept. 				

<p>Nursing S:</p> <p>O: Temp. Pulse Resp. O2 Sat. B/P</p> <p>A:</p> <p>P:</p> <p>E:</p> <p>Not medically indicated</p>					
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<input checked="" type="checkbox"/> TEACHING COMPLETE - PATIENT ACKNOWLEDGES UNDERSTANDING	TITLE OF NURSING PROTOCOL USED:	
NURSES SIGNATURE: <i>James Bennett Werra</i>	DATE: 7/6/19	TIME: 2:40pm

DISTRIBUTION: WHITE - CHART CANARY - INMATE